

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. 1)

Registration District No. 347
Primary Registration District No. 3018

File No. 17934 42
Registered No. 2
St. 2 Ward 1

2. FULL NAME Charles F. Fewell

(a) Residence, No. 904 N Washington Ward. 0
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colo 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo

13. NAME Charles A. Fewell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Station, Mo

15. MAIDEN NAME Luzinda Sweet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo

17. INFORMANT Mrs. Luzinda Fewell (ADDRESS) Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Winters (ced.) DATE 5-6-1941

19. UNDERTAKER Fred C. Wilkinson (ADDRESS) Clinton, Mo

20. FILED 526- 1941 Dr. J. R. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1941

22. I HEREBY CERTIFY, That I attended deceased from May 2 1941, to May 3 1941.

I last saw him alive on May 2 1941. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Acute embolism of coronary artery (Date of onset)

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) S. B. Hughes O. M. D.
Clinton, Mo (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 6-4-1036

Date Filed 6-13-41